

**RECORD TYPES BY EXAM YEAR**

| <b>REC TYPE</b> | <b>LABEL</b>                        | <b>BASE LINE</b> | <b>YR 3</b> | <b>YR 4</b> | <b>YR 5 *<br/>new cohort bl</b> | <b>YR 6</b> | <b>YR 7</b> | <b>YR 8</b> | <b>YR 9</b> | <b>YR 10</b> | <b>YR 11</b> | <b>YR 12</b> | <b>YR 13</b> | <b>YR 14</b> | <b>YR 15</b> | <b>YR 16</b> | <b>YR 17</b> |
|-----------------|-------------------------------------|------------------|-------------|-------------|---------------------------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 1               | Eligibility                         | X                |             |             | N                               |             | X           |             |             |              |              |              |              |              |              |              |              |
| 3               | Quality of Life                     | X                | X           | X           | B                               | X           | X           | X           | X           | X            | X            |              |              |              |              |              |              |
| 4               | Physical Activity                   | X                |             |             | B                               |             |             |             | X           |              |              |              |              |              |              |              |              |
| 5               | Stress Life Events/Depression Scale | X                | X           | X           | B                               | X           | X           | X           | X           | X            | X            |              |              |              |              |              |              |
| 6               | Medications Form                    | X                | X           | X           | B                               | X           | X           | X           | X           | X            | X            | X            | X            | X            | X            | X            | X            |
| 7               | BL Medical History                  | X                |             |             |                                 |             |             |             |             |              |              |              |              |              |              |              |              |
| 8               | BL Personal History                 | X                |             |             |                                 |             |             |             |             |              |              |              |              |              |              |              |              |
| 9               | Physical Function                   | X                | X           | X           | B                               | X           | X           | X           | X           | X            | X            |              |              |              |              |              |              |
| 10              | BL Cognitive Function               | X                |             |             |                                 |             |             |             |             |              |              |              |              |              |              |              |              |
| 11              | Spirometry                          | X                |             |             |                                 |             |             |             |             |              |              |              |              |              |              |              |              |
| 12              | Phlebotomy                          | X                |             |             | B                               | X           | X           |             | X           | X            | X            |              |              |              |              |              |              |
| 13              | Anthropometry                       | X                |             |             | B                               |             |             |             | X           |              | X            |              |              |              |              |              |              |
| 14              | Seated blood pressure               | X                | X           | X           | B                               | X           | X           |             | X           | X            | X            |              |              |              |              |              |              |
| 15              | Supine Ankle-Arm blood pressure     | X                |             |             | B                               |             |             |             |             |              | X            |              |              |              |              |              |              |
| 16              | Orthostatic blood pressure          | X                |             |             | B                               |             |             |             |             |              |              |              |              |              |              |              |              |
| 17              | Physical Exam                       | X                |             |             |                                 |             |             |             |             |              |              |              |              |              |              |              |              |
| 18              | Pulmonary Data                      | X                |             |             |                                 | X           |             |             | X           |              |              |              |              |              |              |              |              |
| 19              | Echo Form                           | X                |             |             |                                 |             | X           |             |             |              |              |              |              |              |              |              |              |
| 20              | Ultra Form                          | X                |             |             | B                               |             |             |             |             |              | X            |              |              |              |              |              |              |
| 21              | ECG Form                            | X                | X           | X           | B                               | X           | X           | X           | X           | X            | X            |              |              |              |              |              |              |
| 22              | Neurological History                | X                |             |             | N                               |             |             |             |             |              |              |              |              |              |              |              |              |
| 23              | Hematology                          | X                |             |             | B                               |             |             |             |             |              |              |              |              |              |              |              |              |
| 25              | Nutrition                           | X                |             |             | N                               |             |             |             |             |              |              |              |              |              |              |              |              |
| 27              | Performance Based                   |                  |             | X           | B                               | X           | X           | X           | X           | X            | X            |              |              |              |              |              |              |
| 29              | Year 5 Medical & Personal History   |                  |             |             | O                               |             |             |             |             |              |              |              |              |              |              |              |              |
| 31              | BL Phone Follow-up                  | X                |             |             |                                 |             |             |             |             |              |              |              |              |              |              |              |              |
| 32              | 6-month Phone Follow-up             |                  | X           | X           | B                               | X           | X           | X           | X           | X            | X            | X            | X            | X            | X            | X            | X            |
| 33              | Exit Summary                        |                  | X           | X           | B                               | X           | X           | X           | X           | X            | X            |              |              |              |              |              |              |

\* NOTE: In the year 5 column, B = both cohorts, O = old cohort and N = new cohort

| REC TYPE | LABEL                               | BASE LINE | YR 3 | YR 4 | YR 5 *<br>new cohort bl | YR 6 | YR 7 | YR 8 | YR 9 | YR 10 | YR 11 | YR 12 | YR 13 | YR 14 | YR 15 | YR 16 | YR 17 |
|----------|-------------------------------------|-----------|------|------|-------------------------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|
| 34       | Cognitive Function                  |           | X    | X    | B                       | X    | X    | X    | X    | X     | X     |       |       |       |       |       |       |
| 37       | Year 3 Medical History              |           | X    |      |                         |      |      |      |      |       |       |       |       |       |       |       |       |
| 38       | Year 3 Personal History             |           | X    |      |                         |      |      |      |      |       |       |       |       |       |       |       |       |
| 39       | Year 4 Medical & Personal History   |           |      | X    |                         |      |      |      |      |       |       |       |       |       |       |       |       |
| 41       | Ultrasound Data                     | X         |      |      | B                       |      |      |      |      |       |       |       |       |       |       |       |       |
| 42       | ECG Data                            | X         | X    | X    | B                       | X    | X    | X    | X    | X     |       |       |       |       |       |       |       |
| 43       | Echo Data                           | X         |      |      |                         |      | X    |      |      |       |       |       |       |       |       |       |       |
| 44       | Blood Data                          | X         |      |      | B                       | X    |      |      | X    | X     |       |       |       |       |       |       |       |
| 45       | Holter Ischemia Data                | X         |      |      |                         |      |      |      |      |       |       |       |       |       |       |       |       |
| 46       | Holter Rhythm                       | X         |      |      |                         |      | X    |      |      |       |       |       |       |       |       |       |       |
| 48       | Aortic Ultrasound                   |           |      |      | B                       |      |      |      |      |       |       |       |       |       |       |       |       |
| 54       | MRI "Gold" Standard                 |           |      | X    | B                       | X    |      |      |      | X     | X     |       |       |       |       |       |       |
| 56       | Asthma/Sleep Questionnaire          |           |      |      |                         | X    |      |      |      |       |       |       |       |       |       |       |       |
| 57       | New Cohort Medical History          |           |      |      | N                       |      |      |      |      |       |       |       |       |       |       |       |       |
| 58       | New Cohort Personal History         |           |      |      | N                       |      |      |      |      |       |       |       |       |       |       |       |       |
| 59       | Yrs 6-11 Medical & Personal History |           |      |      |                         | X    | X    | X    | X    | X     | X     |       |       |       |       |       |       |
| 65       | Nutrition (Replaced Rec25)          |           |      |      |                         |      |      | X    |      |       |       |       |       |       |       |       |       |
| 69       | Six-minute Walk/Oximetry            |           |      |      |                         |      |      |      | X    |       |       |       |       |       |       |       |       |
| 71       | Spot Urine Collection               |           |      |      |                         |      |      |      | X    |       |       |       |       |       |       |       |       |
| 72       | Spot Urine Data                     |           |      |      |                         |      |      |      | X    |       |       |       |       |       |       |       |       |
| 74       | Retinal Exam                        |           |      |      |                         |      |      |      |      | X     |       |       |       |       |       |       |       |
| 75       | Oximetry Data                       |           |      |      |                         |      |      |      | X    |       |       |       |       |       |       |       |       |
| 77       | Retinal Data                        |           |      |      |                         |      |      |      |      | X     |       |       |       |       |       |       |       |
| 79       | Audiometry                          |           |      |      |                         |      |      |      |      |       | X     |       |       |       |       |       |       |
| 80       | Trails A&B                          |           |      |      |                         |      |      |      |      |       | X     |       |       |       |       |       |       |
| 83       | Vibration/Tuning Fork               |           |      |      |                         |      |      |      |      |       | X     |       |       |       |       |       |       |

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